

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED OCT 6 1947

Registration District No. 4847

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 30391

Registrar's No. 1152

1. PLACE OF DEATH:

(a) County... Buchanan
(b) City or town... St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution... 218 So. 18th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Catherine Sheehan Cain

3. (b) If veteran, No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 3 31 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 0 21 hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business At Home

12. Name Patrick Cain

13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Sheehan

15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. N. Lindley

(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 9/24/47
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Helen Bowman

(b) Address St. Joseph, Mo.

19. (a) 9-29-47 (b) E. L. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 115 So. 19th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22
year 1947 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 1947 to September 22, 1947
that I last saw him alive on September 22, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma Duration 3 hrs

Due to Diabetis 6 mos.

Due to Senility due to arterialsclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? Means of injury

23. Signature (M. D. or other) NO

Address 405 Trade Bldg Date signed 10/3/47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
Francis J. Wyland Jr...... Registered Apprentice No. 444
working under my personal supervision.

Signed.....

Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 1st St Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.